

DMV Lane Technician Observation Report

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| DMV Technician: <u>Carlos Rodriguez</u> | | Position: <u>1 or 2</u> | |
| Station: <u>Georgetown</u> | | Date: <u>5-14-14</u> | Time: <u>1:20</u> |
| Vehicle Make: <u>Dodge</u> | | Model: <u>Sirius</u> | Year: <u>2004</u> |
| GVWR: | Fuel Type: <u>4</u> | Registration Number: <u>830673</u> | |
| Auditor: <u>Dossier</u> | | Covert / <u>Overt</u> (circle one) | |
| | | YES | NO |
| 1. Did technician check vehicle paper work and verify VIN number? | | | |
| | | <input checked="" type="checkbox"/> | |
| 2. Was Emissions testing required? | | | |
| | | <input checked="" type="checkbox"/> | |
| a) Was Emissions testing performed using OBD? | | | |
| | | | <input checked="" type="checkbox"/> |
| b) Was Emissions testing performed using Analyzer Probe? | | | |
| | | <input checked="" type="checkbox"/> | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| | | | <input checked="" type="checkbox"/> |
| d) Was Emissions testing performed using Clip? | | | |
| | | | <input checked="" type="checkbox"/> |
| 3. Was Catalytic Converter inspection required? | | | |
| | | | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed? | | | |
| | | | <input checked="" type="checkbox"/> |
| 4. Was Fuel Tank pressure testing required? | | | |
| | | | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed? | | | |
| | | | <input checked="" type="checkbox"/> |
| 5. Was Fuel Cap pressure testing required? | | | |
| | | | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed? | | | |
| | | | <input checked="" type="checkbox"/> |
| 6. Is this test a Re-check from a prior failure? | | | |
| | | <input checked="" type="checkbox"/> | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| | | | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | |
| | | | <input checked="" type="checkbox"/> |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | | |
| | | | <input checked="" type="checkbox"/> |
| a) Was Two-Speed Idle testing performed? | | | |
| | | | <input checked="" type="checkbox"/> |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | |
| | | <input checked="" type="checkbox"/> | |
| a) Was Curb Idle testing performed? | | | |
| | | <input checked="" type="checkbox"/> | |
| Comment: | | | |
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| Lane Supervisor Signature: _____ | | | |

Revised 04/12/2013

DMV Lane Technician Observation Report

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|---------------------------------------|----------------------|-------------------------------------|--|
| DMV Technician: <u>Jordan Complin</u> | | Position: <u>Cor 2</u> | |
| Station: <u>GT</u> | Date: <u>5-14-14</u> | Time: <u>12:30</u> | |
| Vehicle Make: <u>GMC</u> | Model: <u>1500</u> | Year: <u>1993</u> | |
| GVWR: <u>6100</u> | Fuel Type: <u>G</u> | Registration Number: <u>BL39574</u> | |
| Auditor: <u>D. S. R. T.</u> | | Covert / <u>Overt</u> (circle one) | |

| | YES | NO | N/A |
|--|-----|----|-----|
| 1. Did technician check vehicle paper work and verify VIN number? | ✓ | | |
| 2. Was Emissions testing required? | ✓ | | |
| a) Was Emissions testing performed using OBD? | | ✓ | |
| b) Was Emissions testing performed using Analyzer Probe? | ✓ | | |
| c) Was Emissions testing performed using Paddle(s)? | | ✓ | |
| d) Was Emissions testing performed using Clip? | ✓ | | |
| 3. Was Catalytic Converter inspection required? | ✓ | | |
| a) Was Catalytic Converter inspection performed? | ✓ | | |
| 4. Was Fuel Tank pressure testing required? | | ✓ | |
| a) Was Fuel Tank pressure testing performed? | | | ✓ |
| 5. Was Fuel Cap pressure testing required? | | ✓ | |
| a) Was Fuel Cap pressure testing performed? | | | ✓ |
| 6. Is this test a Re-check from a prior failure? | | ✓ | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | ✓ |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | ✓ |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | ✓ | | |
| a) Was Two-Speed Idle testing performed? | ✓ | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | ✓ | |
| a) Was Curb Idle testing performed? | | | ✓ |
| Comment: | | | |
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| Lane Supervisor Signature: _____ | | | |

DMV Lane Technician Observation Report

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|--|----------------------------|--|---------------------------|
| DMV Technician: <u>Tyrone Hancy</u> | | Position: 1 or 2 <u>2</u> | |
| Station: <u>Georgetown</u> | | Date: <u>5-14-14</u> | Time: <u>12:55</u> |
| Vehicle Make: <u>GMC</u> | | Model: <u>Sierra</u> | Year: <u>1993</u> |
| GVWR: <u>6100</u> | Fuel Type: <u>G</u> | Registration Number: <u>CL39574</u> | |
| Auditor: <u>Dossert</u> | | Covert / <u>Overt</u> (circle one) | |

| | YES | NO | N/A |
|---|-----|----|-----|
| 1. Did technician check vehicle paper work and verify VIN number? | ✓ | | |
| 2. Was Emissions testing required? | | ✓ | |
| a) Was Emissions testing performed using OBD? | | | ✓ |
| b) Was Emissions testing performed using Analyzer Probe? | | | ✓ |
| c) Was Emissions testing performed using Paddle(s)? | | | ✓ |
| d) Was Emissions testing performed using Clip? | | | ✓ |
| 3. Was Catalytic Converter inspection required? | | ✓ | |
| a) Was Catalytic Converter inspection performed? | | | ✓ |
| 4. Was Fuel Tank pressure testing required? | | ✓ | |
| a) Was Fuel Tank pressure testing performed? | | ✓ | |
| 5. Was Fuel Cap pressure testing required? | ✓ | | |
| a) Was Fuel Cap pressure testing performed? | ✓ | | |
| 6. Is this test a Re-check from a prior failure? | | ✓ | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | ✓ |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | ✓ |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | ✓ | |
| a) Was Two-Speed Idle testing performed? | | | ✓ |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | ✓ | |
| a) Was Curb Idle testing performed? | | | ✓ |
| Comment: | | | |
| <u>THE HOOD WAS LIFTED IN POSITION #1, VERIFIED THAT TANK COULD NOT BE TESTED (SHORT LINE).</u> | | | |
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| Lane Supervisor Signature: _____ | | | |

DMV Lane Technician Observation Report

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| DMV Technician: <u>Kurt Tabor</u> | | Position: <u>1 or 2</u> | |
| Station: <u>Greenville</u> | Date: <u>5-14-14</u> | Time: <u>12:45</u> | |
| Vehicle Make: <u>Honda</u> | Model: <u>Odyssey</u> | Year: <u>2003</u> | |
| GVWR: <u>5665</u> | Fuel Type: <u>4</u> | Registration Number: <u>PC20765</u> | |
| Auditor: <u>Dossler</u> | | Covert / <u>Overt</u> (circle one) | |

| | YES | NO | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did technician check vehicle paper work and verify VIN number? | <input checked="" type="checkbox"/> | | |
| 2. Was Emissions testing required? | <input checked="" type="checkbox"/> | | |
| a) Was Emissions testing performed using OBD? | | <input checked="" type="checkbox"/> | |
| b) Was Emissions testing performed using Analyzer Probe? | <input checked="" type="checkbox"/> | | |
| c) Was Emissions testing performed using Paddle(s)? | | <input checked="" type="checkbox"/> | |
| d) Was Emissions testing performed using Clip? | | <input checked="" type="checkbox"/> | |
| 3. Was Catalytic Converter inspection required? | | <input checked="" type="checkbox"/> | |
| a) Was Catalytic Converter inspection performed? | | | <input checked="" type="checkbox"/> |
| 4. Was Fuel Tank pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Tank pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 5. Was Fuel Cap pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Cap pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 6. Is this test a Re-check from a prior failure? | | <input checked="" type="checkbox"/> | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | <input checked="" type="checkbox"/> |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Two-Speed Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | <input checked="" type="checkbox"/> | | |
| a) Was Curb Idle testing performed? | <input checked="" type="checkbox"/> | | |
| Comment: | | | |
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| Lane Supervisor Signature: | | | |

DMV Lane Technician Observation Report

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| DMV Technician: <u>Rae Griffin</u> | | Position: <u>1 or 2</u> | |
| Station: <u>Georgetown</u> | Date: <u>5-14-14</u> | Time: <u>12:50</u> | |
| Vehicle Make: <u>Mercury</u> | Model: <u>Milan</u> | Year: <u>2009</u> | |
| GVWR: | Fuel Type: <u>G</u> | Registration Number: <u>256</u> | |
| Auditor: <u>Dossert</u> | Covert / <u>Overt</u> (circle one) | | |

| | YES | NO | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did technician check vehicle paper work and verify VIN number? | <input checked="" type="checkbox"/> | | |
| 2. Was Emissions testing required? | <input checked="" type="checkbox"/> | | |
| a) Was Emissions testing performed using OBD? | | <input checked="" type="checkbox"/> | |
| b) Was Emissions testing performed using Analyzer Probe? | <input checked="" type="checkbox"/> | | |
| c) Was Emissions testing performed using Paddle(s)? | | <input checked="" type="checkbox"/> | |
| d) Was Emissions testing performed using Clip? | | <input checked="" type="checkbox"/> | |
| 3. Was Catalytic Converter inspection required? | | <input checked="" type="checkbox"/> | |
| a) Was Catalytic Converter inspection performed? | | | <input checked="" type="checkbox"/> |
| 4. Was Fuel Tank pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Tank pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 5. Was Fuel Cap pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Cap pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 6. Is this test a Re-check from a prior failure? | | <input checked="" type="checkbox"/> | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | <input checked="" type="checkbox"/> |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Two-Speed Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | <input checked="" type="checkbox"/> | | |
| a) Was Curb Idle testing performed? | <input checked="" type="checkbox"/> | | |
| Comment: | | | |
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| Lane Supervisor Signature: | | | |

Revised 04/12/2013

DMV Lane Technician Observation Report

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| DMV Technician: <u>LES BRISTOW</u> | | Position: <u>1 or 2</u> | |
| Station: <u>Georgetown</u> | Date: <u>5-14-14</u> | Time: <u>12:58</u> | |
| Vehicle Make: <u>SAAB 9000</u> | Model: <u>9000</u> | Year: <u>2003</u> | |
| GVWR: <u>6200</u> | Fuel Type: <u>G</u> | Registration Number: <u>29881 79463</u> | |
| Auditor: <u>Dossert</u> | | Covert / <u>Overt</u> (circle one) | |

| | YES | NO | N/A |
|--|-----|----|-----|
| 1. Did technician check vehicle paper work and verify VIN number? | ✓ | | |
| 2. Was Emissions testing required? | ✓ | | |
| a) Was Emissions testing performed using OBD? | | ✓ | |
| b) Was Emissions testing performed using Analyzer Probe? | ✓ | | |
| c) Was Emissions testing performed using Paddle(s)? | | ✓ | |
| d) Was Emissions testing performed using Clip? | | ✓ | |
| 3. Was Catalytic Converter inspection required? | | ✓ | |
| a) Was Catalytic Converter inspection performed? | | | ✓ |
| 4. Was Fuel Tank pressure testing required? | | ✓ | |
| a) Was Fuel Tank pressure testing performed? | | | ✓ |
| 5. Was Fuel Cap pressure testing required? | | ✓ | |
| a) Was Fuel Cap pressure testing performed? | | | ✓ |
| 6. Is this test a Re-check from a prior failure? | ✓ | | |
| a) Which re-check test is being performed? <u>2</u> 3 (circle one) | ✓ | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | ✓ |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | ✓ | |
| a) Was Two-Speed Idle testing performed? | | | ✓ |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | ✓ | | |
| a) Was Curb Idle testing performed? | ✓ | | |
| Comment: | | | |
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| Lane Supervisor Signature: _____ | | | |